

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580590

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1		1		
4		1		1		
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9		4		4		
10		4		4		
11		4		4		
12		4		4		
13		4		4		
14		4		4		
15		4		4		
16		4		4		
17		4		4		
18		4		4		
19		4		4		
20		4		4		
21		4		4		
22		4		4		
23		4		4		
24	1		1			
25	1		1			
26		1		1		
27		2		2		
28				4		
29				4		
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48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	28	←	90	←		←
TOTAL CLAIMS	31		93			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						